

Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Brown County.

The report is a PDF (Adobe Acrobat) document and includes a total of 49 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: SLAGHT ADULT FAMILY HOME (0009514)
Address: 2311 E RIVER DR, ALLOUEZ, WI 543012001
License Status: REGULAR
Licensed/Certified/Registered 12/17/2001
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0098430 **End Date:** 01/03/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007416 Served 01/12/2007

Deficiencies Cited
88.05(3)(l)

Subject Area
BEDROOMS-PRIVACY

Compliance
Verified

Corrected

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

| |
|-----------------------------|
| Facility Information |
|-----------------------------|

Facility Name: WILLOW CREEK ADULT FAMILY HOME INC (0011528)
Address: 1465 AVONDALE DRIVE, ASHWAUBENON, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 06/30/2006
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

| |
|-----------------------|
| Survey History |
|-----------------------|

| | | | |
|---------------------------|-----------------------------|-----------------------|------------------------|
| Survey ID: 0102518 | End Date: 09/10/2008 | Type: STANDARD | Purpose: SURVEY |
|---------------------------|-----------------------------|-----------------------|------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|--------------------|---------------------------|
| Survey ID: 0098078 | End Date: 10/09/2006 | Type: OTHER | Purpose: COMPLAINT |
|---------------------------|-----------------------------|--------------------|---------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|----------------------|------------------------|
| Survey ID: 0097308 | End Date: 06/30/2006 | Type: INITIAL | Purpose: SURVEY |
|---------------------------|-----------------------------|----------------------|------------------------|

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (WILLOW CREEK ADULT FAMILY HOME INC)

Date Complaint Received: 10/01/2006

Date Investigation Completed: 10/09/2006

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
SUPERVISION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

| |
|-----------------------------|
| Facility Information |
|-----------------------------|

Facility Name: BUFFLEHEAD 1 (0011050)

Address: 2084 BUFFLEHEAD LANE, BELLEVUE, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 08/04/2005

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

| |
|-----------------------|
| Survey History |
|-----------------------|

Survey ID: 0100996 **End Date:** 01/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098334 **End Date:** 11/30/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (BUFFLEHEAD 1)

Date Complaint Received: 07/26/2006

Date Investigation Completed: 11/30/2006

Subject Area(s)

RESIDENT RIGHTS
ABUSE
MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BUFFLEHEAD 2 (0011051)
Address: 2086 BUFFLEHEAD LANE, BELLEVUE, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 08/04/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100404 **End Date:** 10/11/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K20711 Served 10/26/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 88.10(3)(n)1 | FREEDOM FROM SECLUSION AND RESTRAINTS | | |

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: VERLIN 1 (0011052)
Address: 2149 VERLIN RD, BELLEVUE, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 07/29/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100663 **End Date:** 11/26/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: VERLIN 2 (0011053)
Address: 2151 VERLIN RD, BELLEVUE, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 07/29/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100665 **End Date:** 11/26/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BURGOYNE COURT 1 (0011032)
Address: 1725 BURGOYNE CT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 07/20/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100595 **End Date:** 11/15/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BURGOYNE COURT 2 (0011025)
Address: 1727 BURGOYNE CT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 07/20/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100578 **End Date:** 10/25/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RORU11 Served 11/20/2007

Deficiencies Cited
88.03(5)(e)1

Subject Area
SIGNIFICANT CHANGE TO THE RESIDENT

Compliance
Verified

Corrected

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

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|-----------------------------|
| Facility Information |
|-----------------------------|

Facility Name: BURGOYNE HOME 1 (0011033)
Address: 1743 BURGOYNE CT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 07/15/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

| |
|-----------------------|
| Survey History |
|-----------------------|

| | | | |
|---------------------------|-----------------------------|--------------------|---------------------------|
| Survey ID: 0101697 | End Date: 05/02/2008 | Type: OTHER | Purpose: COMPLAINT |
|---------------------------|-----------------------------|--------------------|---------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|-----------------------|------------------------|
| Survey ID: 0100439 | End Date: 10/17/2007 | Type: STANDARD | Purpose: SURVEY |
|---------------------------|-----------------------------|-----------------------|------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|-----------------------|---------------------------|
| Survey ID: 0097410 | End Date: 07/13/2006 | Type: STANDARD | Purpose: COMPLAINT |
|---------------------------|-----------------------------|-----------------------|---------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (BURGOYNE HOME 1)

Date Complaint Received: 03/27/2008

Date Investigation Completed: 05/02/2008

Subject Area(s)

Result

SOD #

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 03/29/2006

Date Investigation Completed: 07/13/2006

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BURGOYNE HOME 2 (0011034)
Address: 1745 BURGOYNE CT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 07/15/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100805 **End Date:** 10/17/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097411 **End Date:** 07/13/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (BURGOYNE HOME 2)

Date Complaint Received: 03/29/2006

Date Investigation Completed: 07/13/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CARRINGTON LANE (0010957)
Address: 1362 CARRINGTON LANE, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 06/02/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0099476 **End Date:** 06/05/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XJ1K11 Served 06/12/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | | |

Survey ID: 0097254 **End Date:** 06/12/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (CARRINGTON LANE)

Date Complaint Received: 03/29/2006

Date Investigation Completed: 06/12/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CLARITY CARE PATRIOT WAY (0010986)
Address: 1711-1713 PATRIOT WAY, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 05/10/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0099457 **End Date:** 05/17/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (CLARITY CARE PATRIOT WAY)

Date Complaint Received: 02/28/2008

Date Investigation Completed: 04/28/2008

Subject Area(s)
QUALITY OF LIFE

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: DE JORDAN AFH (0010815)
Address: 1002 JORDAN RD, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 01/03/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0098752 **End Date:** 02/21/2007 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL BRIARWOOD (0009800)
Address: 1800 HARDWOOD RD, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102801 **End Date:** 10/09/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097345 **End Date:** 07/14/2006 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL COURTLAND (0011228)
Address: 1742 BURGOYNE COURT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 11/28/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0099461 **End Date:** 05/31/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (HIL COURTLAND)

Date Complaint Received: 04/10/2007

Date Investigation Completed: 05/31/2007

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL FOX RUN (0011227)
Address: 1744 BURGOYNE COURT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 11/28/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0101033 **End Date:** 02/04/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

| |
|-----------------------------|
| Facility Information |
|-----------------------------|

Facility Name: HIL SCOTCHWOOD (0009802)
Address: 400 SCOTCHWOOD RD, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

| |
|-----------------------|
| Survey History |
|-----------------------|

| | | | |
|---------------------------|-----------------------------|--------------------------|------------------------|
| Survey ID: 0102459 | End Date: 09/02/2008 | Type: ABBREVIATED | Purpose: SURVEY |
|---------------------------|-----------------------------|--------------------------|------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|--------------------|---------------------------|
| Survey ID: 0099395 | End Date: 08/24/2007 | Type: OTHER | Purpose: COMPLAINT |
|---------------------------|-----------------------------|--------------------|---------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|-----------------------|----------------------------------|
| Survey ID: 0097243 | End Date: 06/01/2006 | Type: STANDARD | Purpose: SURVEY/COMPLAINT |
|---------------------------|-----------------------------|-----------------------|----------------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (HIL SCOTCHWOOD)

Date Complaint Received: 08/21/2006

Date Investigation Completed: 08/24/2006

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007359

Date Complaint Received: 04/18/2006

Date Investigation Completed: 06/01/2006

Subject Area(s)

ABUSE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

| |
|-----------------------------|
| Facility Information |
|-----------------------------|

Facility Name: ILS MORNING GLORY HOME (0011412)
Address: 803 MORNING GLORY LANE, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 05/01/2006
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

| |
|-----------------------|
| Survey History |
|-----------------------|

| | | | |
|---------------------------|-----------------------------|-----------------------|--|
| Survey ID: 0101793 | End Date: 05/13/2008 | Type: STANDARD | Purpose: SURVEY/COMPLAINT/SELF REPORT |
|---------------------------|-----------------------------|-----------------------|--|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|----------------------|------------------------|
| Survey ID: 0096824 | End Date: 05/01/2006 | Type: INITIAL | Purpose: SURVEY |
|---------------------------|-----------------------------|----------------------|------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (ILS MORNING GLORY HOME)

Date Complaint Received: 05/05/2008

Date Investigation Completed: 05/13/2008

Subject Area(s)

Result

SOD #

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: RIVER TRAIL ADULT FAMILY HOME (0010218)
Address: 2211 RIVER TRAIL CT, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 09/29/2003
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0101470 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100216 **End Date:** 09/20/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098861 **End Date:** 02/22/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007452 Served 03/15/2007

Deficiencies Cited

88.07(2)(b)

88.10(3)(a)

Subject Area

SERVICES DIRECTED TO GOALS

FAIR TREATMENT

Compliance

Verified

09/20/2007

09/20/2007

Corrected

Yes

Yes

Survey ID: 0096296 **End Date:** 02/06/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Enforcement History (RIVER TRAIL ADULT FAMILY HOME)

Date: 03/13/2007 SOD #10007452 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (RIVER TRAIL ADULT FAMILY HOME)

Date Complaint Received: 08/15/2007

Date Investigation Completed: 09/20/2007

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: ILS DEUSTER HOME (0010237)
Address: 6630 DEUSTER ST, GREENLEAF, WI 54126
License Status: REGULAR
Licensed/Certified/Registered 11/27/2003
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102454 **End Date:** 08/01/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XKRO11 Served 09/11/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|--------------------------------|------------------|
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | | |

Survey ID: 0099320 **End Date:** 04/24/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3WSY12 Served 05/29/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 88.03(5)(e)1 | SIGNIFICANT CHANGE TO THE RESIDENT | 08/01/2008 | Yes |
| 88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM | 08/01/2008 | Yes |
| 88.09(1)(d)6 | RESIDENT RECORD-SERVICE AGREEMENT | 08/01/2008 | Yes |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | 08/01/2008 | Yes |

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0097437 End Date: 06/29/2006 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007325 Served 07/31/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|--------------------------------|------------------|
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | 04/23/2007 | Yes |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | 04/23/2007 | No |

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Enforcement History (ILS DEUSTER HOME)

Date: 05/18/2007 SOD #3WSY12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (ILS DEUSTER HOME)

Date Complaint Received: 04/10/2007

Date Investigation Completed: 05/24/2007

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
05/24/07

Date Complaint Received: 03/15/2007

Date Investigation Completed: 04/24/2007

Subject Area(s)
SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
05/18/07
05/18/07

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: ILS FAIR ROAD HOME (0010607)
Address: 1685 FAIR RD, GREENLEAF, WI 54126
License Status: REGULAR
Licensed/Certified/Registered 05/28/2004
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102941 **End Date:** 11/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100104 **End Date:** 09/05/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098318 **End Date:** 11/28/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007406 Served 12/19/2006

Deficiencies Cited
88.10(3)(e)

Subject Area
SELF-DIRECTION

Compliance
Verified
09/05/2007

Corrected
Yes

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Enforcement History (ILS FAIR ROAD HOME)

Date: 12/18/2006 SOD #10007406 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (ILS FAIR ROAD HOME)

Date Complaint Received: 04/18/2007

Date Investigation Completed: 09/05/2007

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BEYOND ABILITIES BAYLITE (0011731)

Address: 2766 BAYLITE DR, HOWARD, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 12/07/2006

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102992 **End Date:** 11/26/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D1TO11 Served 12/08/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|--------------------------------|------------------|
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | | |
| 88.06(2)(a) | ADMISSION-HEALTH EXAM | | |

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CARDINAL LANE (0010958)
Address: 1473 CARDINAL LANE, HOWARD, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 05/27/2005
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0100141 **End Date:** 09/12/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL BAY RIDGE (0010515)
Address: 2659 SANDRA ROSE LANE, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 04/07/2004
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102936 **End Date:** 11/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097616 **End Date:** 08/14/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL DAKOTA (0010145)
Address: 2643 SANDRA ROSE LANE, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 10/18/2004
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

No survey activity during the period 01/01/2006 through 12/31/2008.

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL LACONA (0010146)
Address: 2631 SANDRA ROSE LANE, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 11/06/2003
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0101016 **End Date:** 01/31/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096375 **End Date:** 02/16/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL MEADOW VIEW (0010514)
Address: 2657 SANDRA ROSE LANE, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 04/07/2004
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102937 **End Date:** 11/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097615 **End Date:** 08/04/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL SANDRA ROSE (0009816)
Address: 2633 SANDRA ROSE LN, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 09/10/2002
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0099877 **End Date:** 08/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL SEDONA (0010147)
Address: 2645 SANDRA ROSE LANE, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 10/18/2004
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0098714 **End Date:** 02/15/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BROTOLOC WILDWOOD AFH (0011371)
Address: 2004 WILDWOOD, SUAMICO, WI 54173
License Status: REGULAR
Licensed/Certified/Registered 03/20/2006
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0102240 **End Date:** 07/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096561 **End Date:** 03/20/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

| |
|-----------------------------|
| Facility Information |
|-----------------------------|

Facility Name: EAGLE VIEW AFH (0011932)
Address: 1640 1642 GABERTFIELD CT, SUAMICO, WI 541738157
License Status: REGULAR
Licensed/Certified/Registered 04/27/2007
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

| |
|-----------------------|
| Survey History |
|-----------------------|

| | | | |
|---------------------------|-----------------------------|--------------------|---------------------------|
| Survey ID: 0100978 | End Date: 01/16/2008 | Type: OTHER | Purpose: COMPLAINT |
|---------------------------|-----------------------------|--------------------|---------------------------|

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|---------------------------|-----------------------------|----------------------|------------------------|
| Survey ID: 0099186 | End Date: 04/27/2007 | Type: INITIAL | Purpose: SURVEY |
|---------------------------|-----------------------------|----------------------|------------------------|

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 01/01/2006 to 12/31/2008
Adult Family Home
COUNTY: BROWN

Complaint History (EAGLE VIEW AFH)

Date Complaint Received: 12/21/2007

Date Investigation Completed: 01/16/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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